

**TITLE INDUSTRY
ASSURANCE COMPANY**

A Risk Retention Group

Title Agents and Abstracters Professional Liability Insurance
Expedited Premium Estimate Form



TIAC

SERVING **ALTA** MEMBERS
SINCE 1988

Please provide key information about your business to receive a competitive quote

1. Name of Person to Contact, Firm Name and Address:

Email:

Phone: **Fax:**

2. Total Staff Size

(All owners, officers & employees engaged in abstracting, searching, title underwriting, title opinions, escrow/closing, recording, commitment and policy preparation.)

3. Annual Gross Income for past 12 months (if a new entity, next 12 months estimate):

a. Title Agency Commissions (excluding payment to underwriters) \$

List Title Underwriter(s):

b. Abstracting/Searching Fees \$

c. Escrow/Closing Fees \$

d. Other (describe) \$

4. Current E&O Coverage

Insurer: Expiration Date: Deductible \$

Limits of Limits \$ per claim/\$ aggregate Premium \$

Retroactive or Prior Acts Date: / /

5. E&O claims Experience

a. Have any E&O claims been made during the past six (6) years against the applicant? Yes No

b. If YES, did any of the claims, *whether insured or not*, (1) result in payment and/or defense costs totaling \$2,500 or more, or (2) is it anticipated that payments and/or expenses will total \$2,500 or more? Yes No

c. If Yes to 5b above, provide details including loss runs on a separate sheet of paper.

Upon submitting your completed form to info@tiacrrg.com, a team member will contact you via email or phone to discuss next steps.